

**FEC  
FORM 3P****REPORT OF RECEIPTS  
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

JILL STEIN FOR PRESIDENT

ADDRESS (number and street)

22 KENDALL ROAD

Check if different  
than previously  
reported. (ACC)

LEXINGTON

CITY

MA

STATE

02421

ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C

C00505800

3. **THIS REPORT IS FOR** Primary ☐ or General ☐4. **TYPE OF REPORT** (Choose One)Check here if this is a Termination Report (TER) ☐Quarterly Reports:Monthly Reports:

- ☐ April 15 (Q1) ☐ October 15 (Q3)  
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)
- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

☒ Thirtieth day report following the General Election  
 on 11 / 06 / 2012

☐ Twelfth day report preceding election  
 on / / in the State of .

Is this Report an Amendment?



yes



no

5. **Covering Period**

10

18

2012

through

11

26

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James Moran

Signature of Treasurer

James Moran

[Electronically Filed]

Date

12

07

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only